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**APPLICANTS**  
 Brian K. Classon, Palatine, IL;  
 Philippe J. Sartori, Algonquin, IL;  
 Vijay Nangia, Schaumburg, IL;  
 Xiangyang Zhuang, Hoffman Estates, IL;  
 Kevin L. Baum, Rolling Meadows, IL;

\*\* CONTINUING DATA \*\*\*\*\* NO  
 KCT

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NO  
 KCT

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 49 ← 37	<b>INDEPENDENT CLAIMS</b> 6 ← 4
35 USC 119 (a-d) conditions met. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature: <i>Thanh Cong Tran</i> Initials: <i>KCT</i>			

**ADDRESS**  
 22242

**TITLE**  
 Adaptive transmission method

<b>FILING FEE RECEIVED</b> 2578	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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